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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: Correction to ISO 9000 story in MEDNEWS-99-35
From Deputy Surgeon General, Bureau of Medicine and Surgery

Last week's MEDNEWS story about ISO 9000 incorrectly implied that all Navy Medicine activities, such as medical and dental treatment facilities, would be using ISO 9000. This is not the policy.

Although ISO 9000 can be very useful as commands examine their internal processes, it has not been deemed the mandatory quality process evaluation tool for all of Navy Medicine. The use of ISO 9000 by medical and dental commands is completely voluntary and is just one tool in a bag of tools to help ensure quality in our processes. Quality medical care is paramount to Navy Medicine. To ensure that the quality evaluation process is the most effective for a medical facility, commanding officers have

the option to select the quality process evaluation tools that will best fit their organization.

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Headline: Great Lakes corpsman helps recovery of Vietnam MIA remains

By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Hospital Corpsmen provide various support that range from providing healthcare afloat to caring for Marines in the field and civilians in a humanitarian crisis. Some independent duty corpsmen in Laos, Vietnam and Cambodia have added another task to their trade, and that is working with sister services to locate and identify American remains from the Vietnam war. The military medical team attached to Joint Task Force Full Accounting is hard at work uncovering and identifying the remains of American Servicemen still classified as Missing in Action in Southeast Asia. Chief Hospital Corpsman (SW) Shawn Wolfe, an independent duty corpsman, volunteered to travel to Vietnam and participate in this important mission, spending two months in the jungles of Vietnam assisting in the identification of remains. Wolfe, who works at the USS TRANQUILLITY Branch Clinic here, recently returned from Dong Ha, the site north of Hue City where the medical team worked.

"In two months of intensive searching we positively identified the remains of a downed pilot," Wolfe said.

"It gave us all a tremendous sense of satisfaction to bring this officer back home."

The Great Lakes Chief gave the entire hospital a presentation of his experiences in Vietnam and added that it was an honor to be selected for this task.

"Chief Wolfe was recommended to the Bureau of Medicine and Surgery for this mission because of his wide range of operational experience, which include the safe withdrawal of US Forces from Somalia and involvement in narcotics operations in Central America," said Capt. Elaine Holmes, MC, commanding officer of Great Lakes Naval Hospital.

Prior to departing Great Lakes for Vietnam, Wolfe and other selectees were sent to the Global Medicine Course in San Antonio, Texas, where he learned about the types of tropical illnesses encountered in Asia and other parts of the world. Wolfe worked alongside Army and Air Force medics as well as Explosive Ordnance Disposal Teams that cleared areas of unexploded ordnance and booby traps.

Aside from the mission, these medics must be prepared to stabilize trauma victims of mines and bomb explosions and prepare to medically evacuate a casualty from the jungle.

"Although there is a normalization of relations between Hanoi and Washington, there are thousands of mines and bombs that litter the jungle and pose a hazard to the unwary traveler," said Wolfe.

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Headline: American medical personnel participate in MEDFLAG 99-2

By JOC (AW) Jacqueline Kiel, Commander in Chief US Naval Forces Europe

LONDON -- Medical Personnel from U.S. Naval Forces Europe, U.S. Air Forces Europe and U.S. Army Europe will join with personnel from Tanzania Peoples Defense Force for exercise MEDFLAG 99-2, Sept. 13-24 in Tanzania.

MEDFLAG exercises are held twice annually by the U.S. European command (EUCOM). The EUCOM component conducting the exercise is Commander in Chief U.S. Naval Forces Europe (CINCUSNAVEUR) fleet medical. U.S. Naval Hospital Rota, Spain is the lead unit carrying out the exercise.

Approximately 80 U.S. military medical personnel from around Europe and the United States will participate in the three-phase exercise, conducting training and humanitarian and civic assistance visits.

The first phase is medical training that includes preventive medicine, emergency medical technician skills, cardiopulmonary resuscitation and moulage application. The second phase is a staged mass casualty exercise that will put the skills learned in phase one to use. The planned drill is a simulated airplane crash.

The third phase of the exercise involves medical civic action programs. These humanitarian and civic assistance visits to villages in the area provide medical treatment, dental screening and treatment and immunizations to village personnel. During MEDFLAG 99-2 seven villages will be visited over eight days.

MEDFLAG exercises are beneficial to both U.S. participants who are able to practice field medicine and treat health problems they may not have seen before, and to the host nation, because of the health services provided to a substantial number of patients.

"Exercises like MEDFLAG 99-2 not only demonstrate the U.S. commitment to the host nation, but also allow U.S. and host nation personnel to interact and establish interoperability before a crisis," said Cmdr. Tim Thompson, deputy surgeon, CINCUSNAVEUR Fleet Medical. "An actual humanitarian crisis should not be the first time forces work together."

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Headline: DOD prescribes new pharmacy benefit

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Rising costs and concerns for patient safety and health have led DoD to redesign its pharmacy system.

Defense health officials already were concerned about inconsistencies in the pharmacy benefit when the General Accounting Office reviewed the system in 1998. The GAO called for a more coordinated system that controls costs and

makes prescription drugs safer and more evenly available at military treatment facilities, through the DoD National Mail Order Pharmacy and at retail pharmacies in networks under TRICARE, the defense managed health care plan. Congress then asked DoD to come up with a new system.

"There was a concern that we develop consistency across-the-board in our pharmacy programs," said Mary Gerwin, deputy assistant secretary of defense for health program integration and senior adviser to the defense health chief. For example, if patients get their prescriptions filled at military treatment facilities or by mail order, it costs the system less because DoD has access to Federal Ceiling Prices with the drug manufacturers, Gerwin said. "Whereas, if beneficiaries get their drugs at the retail level, it could cost the Military Health System 24 percent to 70 percent more for the exact same drugs."

The problem is further compounded by the lack of standard, system-wide drug availability or formularies. "A drug available at one military treatment facility isn't necessarily carried at another one," she said.

"We've asked Congress for a uniform formulary. These are 'preferred drugs.' Let's say you've got a medication for heart disease, and several drugs provide the same benefits. We want all our pharmacies to carry at least one of those preferred drugs."

Even a preferred drug could lose its effectiveness and potentially cause harm if it interacts with another medication. Since the information systems that control military pharmacies don't directly communicate, patients may get prescription drugs from multiple sources that could cause health risks when they interact, Gerwin said.

"Under the current system, we have no way of knowing if a safety factor is involved, but the new computer system provides a database that consolidates information from different points of service and targets those drug interactions."

For patient convenience and to reduce DoD program costs, the new system also encourages use of the department's mail order pharmacy instead of getting drugs through retail pharmacies. Although current usage of the mail order system is below 10 percent, Gerwin said patients who do get their drugs through the mail like it. She added that the Department is able to obtain drugs at the Federal Ceiling Pricing for prescriptions filled via NMOP. National Mail Order Pharmacy details are available at TRICARE Service Centers, military treatment facilities and on the TRICARE Web site <http://www.tricare.osd.mil>.

Beneficiary cost has played a significant role in redesigning the pharmacy system, Gerwin said. "We want to make sure this doesn't end up with additional out-of-pocket costs to beneficiaries," she said. "Although there are co-pays for use of the mail order pharmacy [\$4 for active duty family members, \$8 for retirees], prescriptions are and will continue to be filled free of charge at military treatment

facilities."

Included in the redesigned benefit is a pilot program for Medicare-eligible beneficiaries over the age of 65. Currently, they can get their prescriptions filled only at military pharmacies on a space-available basis or at base closure sites where they were given special access to the TRICARE Pharmacy Retail Networks and the National Mail Order Pharmacy program.

"We will randomly select two sites for the pilot that, by law, can't be near military treatment facilities," Gerwin said. "We expect the demonstration to begin early next year and last three years." Details of this demonstration are now being finalized.

DoD modeled the new pharmacy design on the best business practices of private sector health plans. "We looked at both fee-for-service and managed care systems to see what they are doing," Gerwin said. "We had to eliminate some of the best business practices used by private health care systems because they would unreasonably increase out-of-pocket costs for beneficiaries. The department wants to avoid increasing the costs that service members and their families have to pay for their prescription drugs."

Gerwin said the plan could have saved the government more money by charging for prescriptions filled at military pharmacies. "In the civilian sector, it's unheard of to get drugs free from a hospital pharmacy," she said. "But we believe that's a core part of the benefit we don't want to disrupt. So we didn't go for any changes in the co-pay for drugs obtained at a military hospital pharmacy."

"I think this redesign measures up to the standards of good patient care," she said. "From the managed care standpoint, it will help control costs and maintain high quality."

More information about military pharmacy benefits can be found in the TRICARE Handbook given enrollees in TRICARE Prime and on the Internet at <http://www.tricare.osd.mil>.

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Headline: Atsugi resolves staff child care issue
By Bill Doughty, U.S. Naval Hospital, Yokosuka

YOKOSUKA, Japan -- When Atsugi Branch Medical Clinic held an unannounced drill last year, it had an unanticipated outcome. Several staff members reported to the clinic with something unexpected: children in tow.

"I showed up with my baby on my lap," said Hospital Corpsman Third Class Stephanie Larson. "I didn't know what to do."

Because the drill began at 8 p.m., a childcare facility was not an option. Several other staff members' spouses were working, deployed, or otherwise unavailable, so they had also brought their children to the clinic.

In Larson's case, her husband, Eric, a Hospital Corpsman Third Class also had to participate in the drill. So while Eric went out on an ambulance run, Stephanie stayed at the

clinic working as a recorder.

After the drill, the staff realized they had identified an issue: How could the clinic crew with children find emergency childcare at a moment's notice when the crew had to support emergency drills or during an actual disaster? Stephanie Larson had some ideas about how the problem could be resolved, so Capt. Hank Chinnery, MSC, Atsugi Clinic's officer in charge, asked her to become chairperson of a Process Action Team or PAT.

She got immediate assistance from Lt. Cmdr. John Parker, MSC, clinic pharmacist and veteran process improvement facilitator. Parker helped Larson recruit the team and led them in brainstorming, diagramming solutions and use of other related tools.

"The whole concept of the team was to free up clinic staff who need to participate in the event. During a disaster we have people in specifically assigned jobs, and it is essential that they're there," said Lt. Karlwin Matthews, MC, a member of the team.

Lt. Cynthia Lotshaw-Vandermeer, NC, another team member said, "The biggest breakthrough came for us when the CDC (Child Development Center) staff was declared essential personnel."

As soon as adequate staff was on board and the center was safe for extended care of the children, the CDC would now stay open throughout the duration of an actual disaster. But the CDC had to be made ready with adequate staff and made childproof for caring for children. Today, an interim solution has been to use two rooms in the clinic's nearby annex. These rooms are now being made childproof and will be equipped with various amenities such as blankets, sleeping pads, diapers, formula, snacks, toys, books, etc. And a number of people have volunteered to stay with the children and escort them to the CDC as soon as it became available. When a clinic recall is announced, the volunteers will be called simultaneously.

Pam Dereska, clinic ombudsman said clinic staff members would feel better leaving their children with someone they know and trust. "This clinic is like a family," said Dereska. "Leaving their children with 'family' eases their minds so they're not worried."

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Headline: New clinic will improve Pensacola medical service
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola will begin a \$22 million construction project the end of September that will include an outpatient clinic and alterations within the existing hospital.

"This is an exciting event for Navy Medicine in Pensacola," Capt. R. D. Hufstader, MC, commanding officer of Naval Hospital Pensacola, said. "There hasn't been a major construction project at the Navy hospital literally since its construction in 1976."

Bill Harbert International Construction Co. of Birmingham, Ala., was awarded a \$22 million contract for work that includes construction of the outpatient clinic adjacent to the existing hospital, alterations within the existing hospital and the addition of a 200-ton chiller, according to the Department of Defense.

The outpatient clinic will house the pharmacy, patient records, family practice, pediatrics, obstetrics/gynecology, Ear, nose and throat, dermatology, ophthalmology, audiology, respiratory therapy and immunizations.

Additionally, the project will include the renovation of 80 percent of the hospital's patient care areas on the first floor of the original structure and a new labor and delivery area. The upgrade project within the main hospital building will tentatively be completed by the winter of 2001.

"We're looking forward to working with Harbert Construction," said Hufstader. "They are an experienced construction firm, and [they] are well aware that hospitals are 7-day, 24-hour-a-day operations."

Howard Dyer-Smith, executive vice president of the company said, "This project will require some very close coordination from us to ensure that quality of medical service is not impacted during construction."

Work on the Outpatient Clinic is expected to be completed by December 2000.

"This clinic will offer a real improvement in comfort and convenience for our patients," said Capt. Hufstader, "as well as a real improvement in efficiency for our staff."

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Headline: Automated appointment system improves Bremerton service

By Judith Robertson, Naval Hospital, Bremerton

BREMERTON, Wash. -- Beginning September 13, Naval Hospital Bremerton will begin its Automated Patient Reminder call system to remind patients about appointments.

Reminders will come from a cheerful voice between 5:30 and 8:30 p.m., Saturday through Wednesday. After verifying the patient's identity, the voice will remind the listener of his or her appointment that is scheduled for two days later and will even give the patient the option of canceling that appointment.

The benefits to both hospital clinics and patients are enormous, said Donna Corser, Data Quality Manager.

"The biggest thing this does is improve access to care. This is an interactive system that allows people to cancel if they are unable to keep the appointment or if they no longer need to see a health care provider. Sometimes people get better and just don't show up," she said.

In the past, this would leave a hole in a clinic's appointment schedule, waste a doctor's time, and deprive someone who needed an appointment of using that time. With the new Automated Patient Reminder call system, that valuable appointment time will get used.

"Giving patients the option to cancel will provide clinics with a much clearer picture of what the day's workload will be. It enables them to contact people who are in need of an appointment. It will help everyone concerned," Corser said.

Although the system will benefit both patients and the hospital, officials at the Naval Hospital are concerned that patients may hang up because they are not accustomed to getting telephone reminders of their appointments.

"People are used to hearing computer generated solicitations over the phone in the evening," said Cary Strand, training coordinator in the Management Information Dept. "They may think someone's trying to sell them something, when what we're trying to do is provide a friendly reminder."

And "The system is very user friendly," Strand said. "It provides a way to verify if the message has actually reached the person it was designed to reach. For children's appointments, it requests the information from the parent. And it is designed to call three times if it does not receive an answer, but since it is interactive, it will not leave a message on an answering machine. We want to know that we have contacted a real person and reminded them that they have an appointment in two days."

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Headline: Keflavik hosts community open house
By Lt. Cmdr. Roger Sellers, MSC, U.S. Naval Hospital
Keflavik,

KEFLAVIK, Iceland - The U.S. Naval Hospital in Keflavik, Iceland recently opened its doors to the NATO community to commemorate completion of an \$8.1 million life safety renovation project and its successful Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey.

The 3-year renovation project replaced all essential systems throughout the hospital including electrical, medical gas, plumbing, heating and fire alarm and sprinkler systems. In addition, a new roof was installed and many internal cosmetic upgrades were completed throughout the building.

"NATO base residents endured the trials and tribulations that such a large renovation project created, so we wanted to take the opportunity to show our appreciation and market to them their 'new and improved' community hospital," said Captain Carl Hooton, commanding officer of U.S. Naval Hospital, Keflavik,

At the event, Keflavik customers could receive various medical-screening tests such as blood pressure, glaucoma and cholesterol. Hospital displays provided information about health education, wellness programs and health benefits.

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Headline: DoD expands dental care for families overseas
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- The TRICARE Family Member Dental Plan is going overseas. Since May 1, military families living at remote locations overseas -- sites without military dental treatment facilities -- can get care from host-nation dentists through the TRICARE Family Member Dental Plan overseas extension.

That option will extend to all overseas locations Oct. 1.

"We're identifying host-nation providers and developing the infrastructure necessary to make this program successful in all locations around the world," said Navy Dr. (Capt.)

Lawrence McKinley, senior consultant for dentistry at the TRICARE Management Activity, here. He said TRICARE intends to identify host-nation dentists who speak English and practice dentistry to U.S. quality standards.

Although TRICARE is expanding dental options for family members based overseas, McKinley said the change would not affect everyone. He said the plan is more important to families at remote locations who may not have been able to get adequate dental care. For families seeking dental care in remote locations, McKinley suggested they first contact their respective overseas TRICARE lead agent.

"At non-remote locations, care will continue to be available in overseas military dental treatment facilities, whether or not family members are enrolled in the TRICARE Family Member Dental Plan," he said. The overseas extension of the plan will augment existing dental services.

"Not all facilities can provide the entire scope of dental care that family members may be used to under [TRICARE] back in the states," he said. "They will now have the opportunity to be referred out to host-nation providers for those procedures."

McKinley said military dental facilities overseas can provide most routine dental care, including examinations, cleanings, restorations and oral health counseling. The kinds of care that may be referred to a host-nation dentist include more extensive procedures, such as crowns, bridges and dentures.

Family members already enrolled in the TRICARE Family Member Dental Plan won't have to re-enroll to participate in the plan overseas. Nor will their costs be increased. Those not already in the plan will be able to enroll in the United States or while overseas. Monthly premiums won't change from the current rates of \$8.53 for single enrollment and \$21.33 for families, but co-pays for some care received off-post overseas will be waived, and TRICARE will cover the difference between allowed fees and fees charged by the host-nation dentists.

Although DoD is expanding dental services overseas, McKinley said family members shouldn't defer care they know they need until they arrive at overseas locations. He also suggested that families enrolled in the plan stateside remain enrolled until after they arrive at their overseas assignment and have gauged the types of dental services available. If they find they can get all their dental care

from a military facility, they can then choose to disenroll, he said.

To ensure uninterrupted dental care, however, McKinley also suggested family members departing overseas locations for the states enroll or re-enroll in the plan at least 60 days before their scheduled move. To enroll, they must have at least 12 months of active duty time remaining.

"Once the enrollment procedure has begun, it can take 45-60 days before the enrollment is verified at United Concordia [the dental plan administrator]," McKinley said.

Eligibility for the plan is based on the Defense Enrollment Eligibility Reporting System, which normally requires that the military sponsor have at least a 24-month active-duty commitment. That's been reduced to 12 months for overseas returnees, McKinley said.

"All of us involved in the program are very excited," McKinley said. "This is breaking new ground for dentistry - worldwide coverage through an insurance-like product. We are working very hard to make this a success, not only for our family members but for the entire dental and medical community."

To enroll in the TRICARE Family Member Dental Plan, sponsors should visit the nearest military personnel office. For more information, visit the health benefits adviser at the nearest military medical facility or the nearest military dental treatment facility.

United Concordia published information about the plan in a new benefits handbook sent to exiting enrollees in May and June. The contractor also offers information about the plan on its Web site (www.ucci.com) and by e-mail (fmdpoconus@uccicom).

For information by telephone outside the United States, call (717) 975-5017 (toll call) between 3 a.m. and 8 p.m. EST Monday-Friday. Stateside callers can call toll free (800) 866-8499 or (800) 891-1854 (TDD) 8 a.m. to 8 p.m. EST Monday-Friday.

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Headline: Anthrax question and answer

From Bureau of Medicine and Surgery

Question: Are antibiotics taken after exposure to anthrax just as effective as the vaccine?

Answer: Antibiotics can be effective in cases of cutaneous anthrax, which means it was contracted through the skin.

However, antibiotics have not been proven effective against the more deadly forms of anthrax: inhaled and ingested.

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Headline: TRICARE question and answer

Question: As a reservist, when are my family members and I eligible for TRICARE?

Answer: As a reservist, you and your family members are eligible for TRICARE when you become activated and are issued orders sending you to active duty for a period of more than 30 consecutive days and when you retire from

reserve status and are age 60.

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Headline: Healthwatch: Physical training can present hazards
From Commander Naval Safety Center

NORFOLK, Va. -- Physical fitness is one of the pillars of a strong military force. However, getting fit and staying fit is not without cost. During FY 94-98, more than 30 percent of our 1,064 Marine and Sailor mishap fatalities and more than 12,000 injuries were experienced in recreational activities and physical training both on and off-duty.

These losses severely impact our readiness.

Hazards are associated with all forms of physical training but steps can be taken to reduce the risks. The operational risk management, also known as ORM, five-step process should be used for physical training on or off duty to minimize risks. The process is simple: identify hazards; assess hazards; make risk decisions; implement controls and then evaluate. Monitor changes and allow for adjustments.

These easy steps can prevent injuries and save lives.

Physical training risk management can include these details:

- wear shoes designed and properly cushioned for running
- stretch and warm muscles to prevent injury
- stay on the sidewalk or open trail and out of high grass to avoid holes and ruts. Don't run when you can't see where your feet will land.
- If running an unknown route, allow extra time.
- Ensure that someone knows your planned route and estimated return time.
- Wear or carry identification
- Provide a point of contact and phone number for medical emergencies.
- Wear reflective gear and light colored clothing if it's raining, foggy or dark.
- Run against traffic, which allows for evasive action if needed.
- Don't wear headsets.
- Dress to avoid heat stress or hypothermia in extreme temperatures.
- Postpone running if thunderstorms or other severe weather conditions are anticipated.
- Allow sufficient time for cool down of muscles upon finishing your workout.

Other key elements for risk reduction include:

- Proper rest
- Hydration
- Weight control
- Balanced diet
- Rest is essential for muscle recovery and for strength gains.

A common training mistake made by Marines and Sailors is training beyond their physical fitness level. Gradual increase of training can help prevent overuse injuries.

Hydration is a key to avoiding heat-related injuries. Depending on climate and activity level, 4 to 8 quarts of water should be consumed per day. The bottom line is to plan ahead, perform the five-step ORM process, and accept no unnecessary risks. Each individual is responsible for not exceeding his or her physical limitations. Remember, physical training should enhance your physical fitness and not result in an injury that requires medical treatment or ends your military career.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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